data to estimate the value of a drug for an indication. We assessed analyses’ compliance with several criteria recommended by the Panel on Cost-Effectiveness in Health and Medicine.

RESULTS: Of 115 dossiers submitted, 55% included economic analyses. We found 106 analyses supporting economic claims for drugs on specific indications. Of these, 89% adopted a payer perspective, 12% had time horizons < 2 years. 14% applied discounting; 15% stated all assumptions clearly; 37% compared relevant alternatives; 21% reported resource quantities separately, 13% productivity losses, and 26% incremental results; 30% performed some form of sensitivity analysis; 18% mentioned caveats to conclusions. Analyses of high-cost products were more likely to state all assumptions clearly (OR = 0.23, p = 0.016), compare relevant alternatives (OR = 0.09, p = 0.0001), report sensitivity analyses (OR = 0.19, p = 0.006) or incremental results (OR = 0.28, p = 0.03). No other significant differences found. CONCLUSIONS: Most AMCP Format submissions included economic analyses, but these had low levels of compliance with accepted recommendations. Analyses of me-too drugs appeared particularly prone to bias.

NATIONAL ESTIMATES AND ASSOCIATED FACTORS OF ANTIPSychotic USE IN AMBULATORY CARE FROM 1996 TO 2003
Sankaranarayanan J, Puimala S
College of Pharmacy, University of Nebraska Medical Center, Omaha, NE, USA, College of Medicine, University of Nebraska Medical Center, Omaha, NE, USA

OBJECTIVES: Conventional typical-antipsychotics are less tolerated than newer atypical-antipsychotics. Concerns about using antipsychotic-combinations also exist. However, national studies of antipsychotic use at United States (US) ambulatory visits are limited. The study objectives were to determine national estimates and associated factors of antipsychotic (typical, atypical, and combination) use. METHODS: Retrospective analyses were conducted of the combined 8-year data (1996–2003) of office-based National Ambulatory Medical Care Survey (NAMCS) and outpatient National Hospital Ambulatory Medical Care Survey (NHAMCS). Mental-health disorder visits with ICD-9-CM diagnostic-codes (290–319, 331.0x) were classified into three mutually exclusive visit-groups: typical, atypical or combined-antipsychotic. Sample estimates were weighted and projected to the population with 95% confidence intervals. Multivariable logistic regression was used to determine significant factors associated with typical- versus atypical-antipsychotic mention at visits. RESULTS: About 47.7 million visits or 0.83% (95%CI:0.73–0.93) of all adult visits had a mental-health disorder and an antipsychotic mention: atypical (30 million visits), typical (15.3 million visits), and combination (2.4 million visits). Major antipsychotics across visit-groups were: typical (haloperidol, thioridazine, fluphenazine); atypical (risperidone, olanzapine, quetiapine); and combination (haloperidol, risperidone, olanzapine). Compared with typical-, the likelihood of atypical-antipsychotic visits increased over time. More typical- and combination- versus atypical-antipsychotic visits (30% and 37% vs. 7%) included medications to treat extrapyramidal side effects (EPS). In multivariable logistic-regression analysis, controlling for gender, schizophrenia-diagnosis, and behavioral-treatment; age greater than 40 versus 18–40 years (odds-ratio, OR, 0.65, 95%CI:0.49–0.85) and nonprivate insurance reimbursement-sources significantly decreased while comorbid depression (OR, 1.9, 95%CI:1.23–2.85), and bipolar-disorder (OR, 2.0, 95%CI:1.27–3.24), significantly increased the likelihood of atypical- relative to typical-antipsychotic mention at visits (p < 0.05). CONCLUSIONS: Although combination-antipsychotic visits were low, 37% of these visits included medications to treat EPS. Atypical-antipsychotic use was more likely at visits by younger patients, with comorbid diagnoses (depression, bipolar-disorder), and private insurance reimbursement-source. This highlights important case-mix factors of antipsychotic use warranting attention in US ambulatory care to guide formulary-decisions.

PATIENT-REPORTED OUTCOMES II

VALIDATION OF THE HYPERPIGMENTATION TREATMENT SATISFACTION QUESTIONNAIRE (HPTSQ)
Colman S1, Barrows S1, Nixon A2, Nixon M1, Taylor T3, Atkinson M4, Miller T2
1Quintiles, San Francisco, CA, USA, 2Pfizer, Ann Arbor, MI, USA, 3Pfizer, San Diego, CA, USA

OBJECTIVES: To refine and evaluate the validity and reliability of the Hyperpigmentation Treatment Satisfaction Questionnaire (HPTSQ). The HPTSQ was designed to measure medication treatment satisfaction for subjects with hyperpigmentation, either melasma (pregnancy mask) or solar lentigines (age spots). METHODS: All analyses were conducted on data from a cross-sectional sample of subjects who reported having hyperpigmentation and completed the HPTSQ online. RESULTS: A total of 635 respondents (573 with solar lentigines and 62 with melasma) completed the HPTSQ. Factor analysis, Item Response Theory (IRT) and traditional psychometric analyses were used to select the 26 items in five factors/domains from an initial pool of 38 items. These five domains had the following properties: 1) Efficacy—7 items, á coefficient 0.96; 2) Side Effects—5 items, á coefficient 0.95; 3) Physical Properties—5 items, á coefficient 0.88; 4) Convenience—5 items, á coefficient 0.87; and 5) Overall Satisfaction—4 items, á coefficient 0.93. Domains 1, 3, 4, and 5 showed strong test-retest reliability (intra-class correlations 0.77–0.87), while Domain 2 had an ICC of 0.44 (0.52 for subjects reporting side effects at both baseline and follow-up). All domains of the HPTSQ showed strong construct validity when correlated with related domains on three comparable patient-reported instruments. Based on level of treatment satisfaction, all domains of the HPTSQ showed strong known-groups validity (p < 0.01), except Domain 2 (Side Effects). CONCLUSIONS: The 26-item HPTSQ is a psychometrically sound and valid measure of solar lentigines and melasma subjects’ treatment satisfaction with medication. Responsiveness testing of the HPTSQ should be conducted in a prospective clinical trial.